

REQUEST FOR CONVICTION RECORD/CERTIFICATION ONLY

Pursuant to KRS 17.165, request is made for any record of conviction of a crime by the person identified herein. This information shall be released to:

CABINET FOR HEALTH AND FAMILY SERVICES, DEPARTMENT FOR COMMUNITY BASED SERVICES,

DIVISION OF CHILD CARE, 275 EAST MAIN STREET 3C-F, FRANKFORT, KENTUCKY 40621

Agency Name and Address

I know that the Kentucky State Police (KSP) will provide the Division of Child Care with any record I may have for conviction of any crime. I know that I have a right to inspect my criminal history record and to request correction of any inaccurate information. If I do not exercise that right, I agree to hold harmless the KSP and any KSP employee from any claim for damages arising from the dissemination of inaccurate information.

APPLICANT INFORMATION

Name _____
Last First Middle Maiden

Address _____ City _____ State _____ Zip _____

Sex _____ Race _____ Date of Birth _____ Social Sec. No. _____

Scars, marks, amputations _____

Signature _____ Date _____

Witness _____ Date _____

INSTRUCTIONS

All applicable information should be completed.

Thumb Print (right)

A legible inked impression of the right thumb of the subject should be placed in the block "thumb print".

A check should be made payable to the **Kentucky State Treasurer** in the amount of **\$10.00** for each submitted form.

Requests should be accompanied by **two stamped envelopes** – one bearing the name and address of the Division of Child Care and the other bearing your name and address.

Return forms to:

**KENTUCKY STATE POLICE
ATTN: ANNA MAPP
RECORDS SECTION
1250 LOUISVILLE ROAD
FRANKFORT, KENTUCKY 40601**

